

ZIPS

Zero to age 21: Information Promoting Success
for Public Health Professionals working with Kansas Kids

Special Points of Interest:

- Resources to combat perinatal depression
- Adolescent Health Conference 2006
- 2006 Kansas Annual Immunization Conference
- Wichita nurse receives grant
- Health insurance coverage for children of immigrants

Inside this issue:

Perinatal Health - Conception to Birth	2
Child Health - Birth to Age 9	3
Adolescent Health - Age 10 to 21	4
Public Health	5
School Health	6
Events & Resources	7
The Back Page	8

FERPA Requires Parent Permission to Share School Immunization Records

The sharing of student school immunization records has been a topic of discussion throughout the United States and recently in Kansas. Clarification as to whether or not student immunization records can be sent to other health providers in the community has been made. Medical providers fall under the Health Insurance Portability and Accountability Act (HIPAA), which allows health providers to share immunization information with each

other without parent consent. School records are protected under the Family Educational Rights and Privacy Act (FERPA). The FERPA regulations are more restrictive than HIPAA, thus **FERPA restricts the sharing of any portion of the educational record, academic or health, without the written consent / permission of the parent. This includes immunization records.**

There is new parent permission on the Kansas Certificate of Immunization (KCI) that states: "I do give my consent for information contained on this form to be released to the Kansas Immunization Program for the purpose of assessment and reporting." Permis-

sion does not apply to any other health provider that is requesting a copy of the immunization record. Schools are allowed to share educational records with each other. Therefore, when academic records are requested by another school district for a student who has transferred, the educational record and health records will be sent. Sharing the educational record with any other agency, including a health agency, requires the parent to give permission for the health information to be shared with the provider requesting the immunization record.



KDHE will be working on "wording" to assist districts

in meeting FERPA requirements while allowing the immunization record to be shared with health providers who need the student's immunization information. The U.S. Department of Education recently published "Forum Guide to The Privacy of Student Information: A Resource for Schools" that addresses this issue on page 6 of the document. To download a copy of the publication, go to <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006805>

Kansas State Board of Education "Opt-In" or "Opt-Out"? According to the Kansas State Board of Education, public school sexuality education programs are not mandated to "opt-in." Local school boards will enforce their own policies regarding "opt-in" or "opt-out" procedures.



PERINATAL HEALTH

Joe Kotsch, Perinatal Consultant



Resources to Combat Perinatal Depression



Perinatal depression is a mood disorder that occurs either during pregnancy or in the postpartum period. A chemical imbalance of in the brain occurs primarily due to hormonal changes and affects the transmission of messages between brain cells (neurotransmitters). A pregnant woman who faces life events such as moving, illness, poor partner support, social isolation or financial problems is at risk of depression from a psychosocial perspective. When considering perinatal depression it is important to remember to look at psychosocial issues and physical causes. Family histories of depression or perinatal depression (from a previous pregnancy) are risk factors as well.

To address perinatal depression, it is important to consider the disorder's causes. The care team surrounding the pregnant or postpartum mother can provide services tailored to meet the mother's needs. For example, a woman who has expressed to a care provider that she has been feeling very sad and does not have enough energy to take care of her children might be referred for social services and a psychiatric evaluation. The woman may have her needs addressed in terms of support ser-

vices provided for the care of her children and medications or treatment for depression.

There are organizations such as Postpartum Support International (www.postpartum.net) that offer support to its members and information on perinatal depression and related disorders to anyone seeking it. In Kansas, the Postpartum Resource Center of Kansas (PRC of Kansas) can be reached by going to <http://kansasppd.org/default.htm> or by calling 913-677-1300 in Kansas City or 1-866-363-1300. The PRC of Kansas is an outgrowth of Postpartum Support International whose founding director is Meeka Centimano, LMSW, who serves as the Kansas Coordinator for Postpartum Support International. Other resources are the community mental health centers. For a list of the Community Mental Health Centers in Kansas go to: www.srskansas.org/2004_Business_plan/CommunityMentalHealthCenters.pdf. To view the role of public health related to perinatal depression go to www.astho.org/pubs/PerinatalDepressionFS.pdf. A curriculum on Perinatal Depression is available on the University of Virginia's Web page as a training resource at www.perinataldepression.org

FASD Awareness Day



Fetal Alcohol Spectrum Disorders (FASD) Awareness Day is being celebrated September 9. Please help spread the message that women

should not drink during pregnancy. There are various publications that are available through the FASD Center for Excellence Web site that can be distributed as part of awareness day activities. Please help to get the word out that there is no safe amount of alcohol to drink for a pregnant woman. For more information go to www.fasdcenr.samhsa.gov/

Revisiting Folic Acid



Folic acid is a B vitamin that helps to prevent the occurrence of neural tube defects (defects of the brain and spinal column). It can be found in its naturally occurring form (folate) in many common foods. Some of the foods are: fortified breads and cereals, dried beans, leafy green vegetables and orange juice. It is recommended that women take a multivitamin containing 400 micrograms of folic acid along with a healthy diet of foods that include folate. This is especially important before a woman becomes pregnant (preconception) and during early pregnancy when the baby's brain and spinal column are forming. It is thought that up to about 70 percent of birth defects of the brain and spinal column could be prevented if women included the recommended amount of 400 micrograms of folic acid as part of a healthy diet. For more information on folic acid please visit the March of Dimes web site at: www.marchofdimes.com and follow the link, "Before You Are Pregnant."



CHILD HEALTH

Brenda Nickel, Child Health Consultant



Return to School Jitters: Reducing Anxiety and Making School Days Easier



Anxiety is normal and is often precipitated by new events or situations. Both children and adolescents experience some anxiety associated with the first day of school. The possibility of new teachers, classes, and schedules can lead to common symptoms associated with generalized anxiety: restlessness, sweating, recurrent somatic complaints such as headaches or stomachaches, worrying, and sleep disturbances.

Most parents learn to help alleviate their children's fears through reassurance, talking about the child's fears, or some additional "parent time" until the child realizes they will be successful in the new school year. Some strategies that may help include:

- Reminding the child that they are not the only student who is uneasy about school. Teachers know that students are anxious and will make an extra effort to make sure everyone feels as comfortable as possible.
- Point out the positive aspects of returning to school: It will be fun! The child

will see old friends and meet new ones. Refresh their memory about previous years when they have returned home after the first day with high spirits because they had a good time.

- Find another child in the neighborhood with whom the youngster can walk to school or ride with on the bus.

If the parent and child feel it is appropriate, drive the child (or walk with the child) to school and pick the child up the first few days.

If symptoms become worse and cause significant distress or interfere with schoolwork, fun, or relationships, the child or adolescent may be experiencing an anxiety problem or disorder. Children and adolescents with anxiety symptoms that interfere with their functioning should be referred for mental health services. If you are uncertain as to where mental health services may be obtained, refer the child to their family physician or medical home.

For additional information about addressing mental health issues in infants, children, and adolescents, consult the Bright Futures "Mental Health Practice Guide" available at www.brightfutures.org/. Other resources available for practitioners can be found at SAMHSA at www.mentalhealth.samhsa.gov/child/childhealth.asp



ADOLESCENT HEALTH

Jane Stueve, Adolescent Health Consultant
Pamela Combes, Abstinence Education Consultant



Adolescent Health Conference 2006

Kansas Abstinence Education Program and Teen Pregnancy Prevention Program Grantees from across the state attended the annual Adolescent Health Conference in Wichita on August 10. Thirty-five program representatives participated in conference activities. The morning session featured guest speaker Laurie Hart, Rape Prevention Education Coordinator for KDHE. Hart presented rape prevention information and led activities focused on healthy relationships, sexual bullying behaviors and sexual violence. The Choose Respect Initiative was also highlighted and grantees were provided an abundance of resources. The Choose Respect Program is designed for boys and girls age 11 to 14. It emphasizes respect as the foundation for building healthy relationships. For more information go to

www.chooserespect.org

Guest speaker Carol Moyer, Maternal and Child Health Epidemiologist for KDHE, introduced innovative evaluation strategies during the afternoon session. Emphasis was placed on logic models and how to incorporate into program evaluation. Following Moyer's presentation, a question and answer session was held to wrap up the day's activities.



Pictured from left to right: Charissa Roberts, Debra Rukes, and Rachel Prince are from YWCA Teen Pregnancy Preventions.

NATIONAL SUICIDE PREVENTION WEEK –GET INVOLVED!



Suicide is a permanent solution to a temporary problem. Suicide in children, and especially in youth, is a leading health concern in Kansas. According to the 2005 Kansas Youth Risk Behavior

Survey (YRBS), 13 percent of Kansas high school students surveyed had seriously considered attempting suicide during the past year—this is one out of every eight students. The percentage of students who made a plan about how they would attempt suicide during the past year is 9.6 percent (one of ten), and 6.5 percent (one of sixteen) of the student's surveyed actually attempted suicide one or more times during the year. Students that attempted suicide and had to be treated by a doctor or nurse were 1.6 percent.

From 2002 to 2004, the suicide rate in Kansas was 8.3 deaths per 100,000 teens ages 15 to 19. When comparing Kansas rates with the most recent three years national data (2001-2003), the Kansas suicide rate is 10.6 percent higher than the national. There is no typical suicide victim. Attempted and completed suicides cross all boundaries, regardless of sex, age, social standing or economic situation.

Tips to help prevent suicide:

Know some of the warning signs:

- Talk of committing suicide
- Trouble sleeping or eating
- Drastic behavioral changes (withdrawal from friends and/or social activities)
- Loss of interest in hobbies, work, school, etc.
- Preparing for death by making a will or final arrangements
- Giving away prized possessions
- Previous suicide attempts
- Taking unnecessary risks
- Suffering recent severe losses
- Preoccupation with death and dying
- Loss of interest in personal appearance
- Increased use of drugs or alcohol (the most common substance found on suicide toxicology reports is alcohol).

Know how to offer hope:

- Be direct
- Talk openly and matter-of-factly about suicide. It is not true that bringing the subject into the open will encourage the person to commit suicide.
- Be willing to listen, allow expressions of feelings and accept the feelings.
- Be nonjudgmental.
- Don't debate whether suicide is right or wrong, or feelings are good or bad.
- Don't lecture on the value of life.
- Get involved. Be available. Show interest and support.

- Don't dare the person to go through with it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.

Know how to get help to save a life:

- Take action.
- Do not leave him or her.
- Remove means, such as guns or stockpiled pills (60 percent of all suicide deaths are with firearms).
- Get help from persons or agencies specializing in crisis intervention and suicide prevention. The Kansas Counseling and Information line is 785-841-2345 or 316-660-7500; the National Hopeline Network is 1-800-SUICIDE; and the National Suicide Prevention Lifeline is 1-800-273-TALK.

Kansas has Yellow Ribbon Suicide Prevention training available. For information go to www.yellowribbon.org or email Lmcguinnes@USD259.net. To register for a free SOS (Signs of Suicide) Program training grant for your middle school go to: www.mentalhealthscreening.org/middleschool/sos_register.aspx



PUBLIC HEALTH

Children and Families Section



2006 Kansas Annual Immunization Conference: “Healthy Kids in the Heartland”



This year's immunization conference, “Healthy Kids in the Heartland” will be held at the Wichita Airport Hilton, September 19 – 21. Dr.

Howard Rodenberg, KDHE Division of Health Director, joins several distinguished experts who will be providing the most current information about recommended immunizations, as well as how to prepare for emerging infections and dealing with challenging issues. Presentations will include: raising vaccination rates for children, sharing community health records, mumps and human papillomavirus, adolescent immunizations, influenza, and rotavirus. There will

also be presentations that cover billing issues, private practice providers for the VFC Program, and WebIZ user meetings.

The registration fee is \$30 for the three-day conference and covers program material, refreshments, luncheon and continuing education credits. For a complete brochure that provides a description of the physicians and immunization specialists that are presenting, conference information, continuing education credits offered and registration information, go to www.kdheks.gov/immunize/training.htm
www.kdheks.gov/immunize/announcements.htm
<http://aheceast.kumc.edu/conferences>

Moving and Playing in Minneapolis



The Ottawa County Health Department sponsored the 4th annual “Move and Play” luncheon April. The purpose of the program is to teach parents fun ways to eat healthy and be active with their children. The theme

for this year's event was to have a pizza party. Pizza, vegetables and a dessert consisting of strawberries and yogurt were on the menu. Through a community collaboration the lunch was provided to the participants free of charge. This year's attendance was 67, which is almost double the size of the original “Move and Play” program in 2003. Family members received handouts on a variety of topics, balls, and a pizza game. Anyone interested in this idea of getting their own community out for a fun day of moving and playing may contact Marilyn Pruitt, RN, MCH supervisor at the Ottawa County Health Department at 785-392-2822.

Recall on Summer Reading Program Toys

The State Library of Kansas staff urges parents to return toys distributed through the “Paws, Claws, Scales and Tales” summer reading program to their local library. The four inch, bendable toys may contain unacceptable amounts of lead.

Highsmith, the major supplier of the items, issued a recall for two animal toys that children may have received. The bendable toys were not part of the statewide summer reading order but they were purchased by a number of Kansas libraries. Highsmith Company has discontinued the sale of the bendable toys and will be arranging a refund or credit program for the recalled items.

Staff in the seven regional library systems have been working actively with their member libraries to share information on the toys. “The information gathered and shared by the Children's Consultants in the systems has been very

helpful,” said State Librarian Christie Brandau. “We appreciate their quick response.”



Ask Ken! ELECTRONIC SUBMISSION OF DATA & CVR'S

Q: Do I report Kan Be Healthy/Well Child every time I report services performed in program ??

A: A Kan Be Healthy/Well Child are reported only when assessments are preformed. A child 12 years old will not require a KBH every month. An infant may have several KBH during the year. If Well Child assessments are performed and other services are provided then Well Child (11) will be reported along with the services performed. Example: If a client's temperature is assessed before immunizations are given, the a Well Child(11) is also reported. If assessments (11) are not performed then only the service will be reported. Kan Be Healthy are head-to-toe assessments.



SCHOOL HEALTH

Brenda Nickel, Child Health Consultant
Jane Stueve, Adolescent Health Consultant



Wichita School Nurse Receives Grant from Kansas Health Foundation

Written by Sigrid Trombley, Ph.D., Grants Specialist, Wichita Public Schools



Congratulations to Tracy Mayfield, school nurse at Franklin Elementary School in Wichita, who recently received a \$21,000 grant from the Kansas Health Foundation to develop resources for school nurses to better serve the growing immigrant and ESOL population and their families in the Wichita School District.

Dalia Hale, ESOL/Migrant Director of the district's Multilingual Education Service Center, the Center's Translation Services office, and Kathy Hubka, Health Services Coordinator, will also be involved in project implementation.

Tracy will facilitate the translation of all current health forms and develop resources in Spanish and Vietnamese for use by the school nurses and limited English-proficient students and families. Health promotion resources will include newly created Health Notes

(health education pamphlets) and a health fair to be held at the Multilingual Education Service Center in the spring. In addition, in-services will be held to make school nurses aware of the newly developed resources and a guest speaker will discuss differences in the health care needs and the access of services by those from different cultures.

Anticipated project benefits include a significant increase in school nurse contacts, earlier identification of medical concerns, and more timely medical referrals resulting in better health care and education for the limited English proficient students and their families. As former U.S. Surgeon General Dr. Joycelyn Elders has noted, "You can't educate a child who isn't healthy, and you can't keep a child healthy who is not educated." The project goal is to contribute to both the health and education of the students in the Wichita Public Schools.

Physical Activity in School Recommendations by the American Heart Association



The American Heart Association recommends schools lead the way to ensure that all children and youth participate in adequate physical activity during the school day to help curb obesity in children. The scientific statement "Promoting Physical Activity in Children and Youth: A Leadership Role for Schools" is published in *Circulation: Journal of the American Heart Association*. The scientific statement takes a comprehensive look at the state of physical education, from the amount of time students should be active each week to enhancements in the college education of physical education (PE) teachers.

The policy and practice recommendations are:

1. Schools should ensure that all children and youth participate in a minimum of 30 minutes of moderate-to-vigorous physical activity during the school day, plus the option of extra-curricular and school-linked community programs.
2. Schools should deliver evidence-based, health-related PE programs that meet national standards to students at all school levels. These programs should include moderate-to-vigorous physical activity for at least 50

percent of class time, as well as teach students the motor and behavioral skills needed to engage in life-long physical activity.

3. States and school districts should ensure that PE is taught by certified and highly qualified PE teachers at all school levels.
4. States should hold schools accountable for delivering PE programs that meet national standards for quality and quantity (i.e., age-appropriate amounts of time per week spent active during class). Each state should include physical education in its core curriculum and instructional quality.
5. Schools should provide clubs, lessons, intramural sports and interscholastic sports programs that meet the physical activity needs and interests of all students.
6. Schools should promote walking and bicycling to school. School leaders should work with local government to ensure safe routes to school.
7. Child development centers and elementary schools should provide children with at least 30 minutes of recess each day.
8. Schools should provide evidence-based health education programs emphasizing behavioral skills focused on increasing physical activity and decreasing sedentary behaviors.

EVENTS



RESOURCES

KDHE's Center for Public Health Preparedness, the Adjutant General's office, SRS, the Kansas State University School of Family Studies and Human Services, and the Kansas Highway Patrol are sponsoring the **All-Hazards Behavioral Health Symposium: Preparedness, Response, and Recovery in Kansas** in Salina October 17-18 at the Kansas Highway Patrol Training Academy. This conference is limited to 300 participants. You may access the conference brochure at <http://aheceast.kumc.edu/assets/AllHazardsBehaviorHealth06.pdf>. Register online at <http://ks.train.org>, or mail registration to KUMC AHEC East, PO Box 296, Pittsburg, KS 66762 or fax to 620-235-4041.

HOME VISITATION TRAINING will be held at Dodge City Community College, Student Union, Santa Fe Room, 2501 N. 14th Ave, on September 12-13 and 19-21, from 9 a.m. to 4 p.m. Registration is \$35 per person, lunch is on your own. Jamie Klenklen and Brenda Nickel will be instructing. For more information contact jklenklen@kdhe.state.ks.us or 785-296-1234. Please register at <http://ks.train.org>

Kansas Coordinated School Health will have its **FIRST** Statewide Workshop October 9 and 10 at the Hilton Wichita Airport Executive Conference Center. For more information and to register, go to our Web site at www.kshealthykids.org and click on "Upcoming events." You can also contact Shannon Charbonneau at 785-296-2726 or scharbonneau@ksde.org

A workshop for Hearing Screening Level I, sponsored by the University of Kansas Medical Center Area Health Education Center East, is being offered October 5-6, in Lawrence. For initial hearing certification, you must attend both days. For individuals needing to renew their certification (non-licensed screening personnel and LPNs), you need only attend October 5. Register on-line using a credit card at <http://aheceast.kumc.edu/hearingCourses> or call 620-235-4040 with questions.

Third Annual Kansas Diabetes Quality of Care Conference will be October 2-3, at the Radisson Broadview Hotel in Wichita. The conference will cover extended services, chronic disease care model, electronic management system, complications and current and new trends in diabetes management. The fee is \$75 and CEUs are available. One workshop will be held (non-CEU) on October 3 at 2:30 p.m. *Helping the Student with Diabetes Succeed: A Guide for School Personnel* is offered for free. For registration information contact Teri Caudle with the Kansas Diabetes Prevention and Control Program 785-368-7289 or tcadule@kdhe.state.ks.us

The U.S. Department of Health and Human Services is accepting applications for its **Early Identification and Treatment of Mental Disorders in Children and Adolescents** program. The purpose of this program is to support research on the early identification and treatment of mental disorders in children and adolescents. The deadline is October 1 (Cycle III). For program information and application guidelines, please visit <http://grants.nih.gov/grants/guide/pa-files/PA-06-442.html>

"Stop the Pop Campaign" - At the Kansas School Nurse Conference workshop in July on oral health, school nurses asked about materials for students to address the impact of soda on teeth. Here is an excellent source from Missouri Dental Association (MDA). These materials can be downloaded and printed at your school, or you can take them to a local printer to have brochures printed in bulk. Science teachers can use this information to entice students to create projects demonstrating the effect of acid and sugar in various soft drinks. www.modental.org/YourDentalHealth/StopthePop.aspx

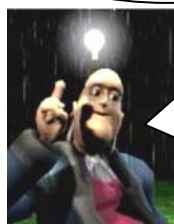
2006 Reportable Diseases in Kansas for health care providers, hospitals and laboratories. For resources, including disease reporting information, the Kansas Notifiable Disease List and reporting form, go to www.kdheks.gov/epi/disease_surveillance.html

For **LIVE training** opportunities go to <http://ks.train.org>. Some upcoming classes are: Preparedness Planning for Schools, Sept 7, Topeka; KAN Be Healthy Training, Sept. 12, Topeka; HIV/STD/TB Issues in Corrections #4, Sept. 14, Wichita; KPHA 2006 Conference: Speaking a Common Language the New Voice of Public Health, Sept. 27-28, Topeka; Healthy Indoor Environments Conference, 3rd Annual 2006, Oct 5-6, KCKS; HIV Prevention and Behavior Change Counseling Strategies, Oct 17-19, Wichita, December 5-7 Emporia.

Children
need
models
rather
than
critics.

— Joseph
Joubart

Help! Who can guide
me to the resources
that I need?



Call 785-296-1300
or go to
www.kdheks.gov/c-f/index.html



**The State of Kansas
Department of Health and Environment**

Bureau for Children, Youth and Families

Children and Families Section

1000 SW Jackson, Suite 220

Topeka, KS 66612-1274

Phone: 800-332-6262 (Make a Difference)
785-296-1307 (Administration)

Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.

We hope this newsletter continues to be a useful resource for you. We encourage you to give us your comments, feedback and suggestions. Previous editions of ZIPS can be found at:

www.kdheks.gov/c-f/zips/

For program information, contact:

Joseph Kotsch, RN, BSN, MS

Perinatal Consultant

785-296-1306

jkotsch@kdhe.state.ks.us

Jane Stueve, RN, BSN

Adolescent and School Health Consultant 785-296-1308

jstueve@kdhe.state.ks.us

Brenda Nickel, RN, BSN

Child and School Health Consultant

785-296-7433

bnickel@kdhe.state.ks.us

Pamela Combes, BSE

Abstinence Education Consultant

785-291-3053

pcombes@kdhe.state.ks.us

Kobi Gomel

Sr. Admin Assist/ZIPS Technical Editor

785-296-1300

kgomel@kdhe.state.ks.us

Visit our website at www.kdheks.gov/c-f

Health Insurance Coverage for Children of Immigrants

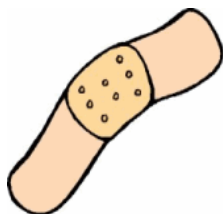
The U.S. Department of Health and Human Services has resources available to families about health insurance coverage. Many families, including immigrant families, can get low-cost or free health insurance for their babies, children, and teenagers. Across the United States, each state has a children's health insurance program to make health care more affordable for working families. Each state also has a Medicaid program that provides free health coverage to children from low-income families. These programs typically cover the cost of many health services for children, including vaccinations, regular doctor visits and prescriptions.

For immigrant families, parents are often afraid to get health care benefits from the government for their children. They may be applying for lawful permanent residence ("green card"), citizenship, or work authorization, and think their immigration status will be affected if they apply for health insurance for their children. But eligible children

could receive free or low-cost health care services without affecting their parents' immigration status. For detailed information and resources about immigration status and participation in Medicaid and state health insurance programs for children, visit the U.S. Department of Health and Human Services' "Insure Kids Now" Web site www.insurekidsnow.gov/default.htm or call 1-877-KIDS-NOW (1-877-543-7669).



A brochure, "Protect your Family's Health . . . with Confidence: A Guide for Families with Concerns About Immigration Status" is available for immigrant families. This brochure, written in both Spanish and English, describes the federal government program providing free and low-cost health insurance for children of low-income families. It encourages families to apply. The brochure includes answers to frequently asked questions regarding eligibility, coverage benefits, and effects of immigration status. www.insurekidsnow.gov/confidence/Confianza.pdf.



School Nurse Information form

Nurse Information:

Last Name _____ First Name _____

Title _____ Email Address _____

Other Credentials _____

$\frac{1}{4}$ Time (.25 FTE)

$\frac{1}{2}$ Time (.50 FTE)

$\frac{3}{4}$ Time (.75 FTE)

Full Time (1 FTE)

Other _____

School Information: (Please list all schools serviced, use back if needed)

School Name _____

Address _____ City _____

Zip _____ Phone # _____ - _____ - _____ County _____

School District Number _____

Type of School:

☐ Private

☐ Public

☐ College

Who was your predecessor? _____

Are they still a school nurse in your district? _____

If so, which school(s)? _____

Please fax form to 785-296-4166, or mail to:

Valetta Striblin
Children & Families Section
1000 SW Jackson, Suite 220
Topeka, KS 66612